1257539

### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

OMB APPROVAL
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Expires: May 31, 2005
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hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY								
Prefix	Serial							
DAT	E RECEIVED							
1	1							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 XX Rule 506 Section 4(6) L	JLOE RECEIVED CO.
Type of Filing: X New Filing Amendment	VECEIVE()
A. BASIC IDENTIFICATION DATA	C AUG 1 1 2004
1. Enter the information requested about the issuer	42
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Media & Marketing Solutions, Inc. fka Bennington E	Financial Associates Con
Address of Executive Offices (Number and Street, City, State, Zip Code) Tel	lephone Number (Including Area Code)
803 Warrenville Rd., Mansfield Center, CT 06250 (8	360) 429-0100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Te	elephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Internet Web Site	
Type of Business Organization	04040755
XX corporation	specify):
	DDOOR
Month Year  Actual or Estimated Date of Incorporation or Organization:   O   9   O   2   K   Actual □ Estimated	" NOCESSED
Actual or Estimated Date of Incorporation or Organization: US Postal Service abbreviation for State:	DAVID
CN for Canada; FN for other foreign jurisdiction)	B AUG 18 2004
GENERAL INSTRUCTIONS	THOMSON
Federal:	FINANCIAL
Who Must File: All issuers making an offering of securities in religious on an exemption under Degulation D or Section	ion 4(6) 17 CED 230 501 et seg. or 15 II S C

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDI	ENTIFICATION DATA			
2. Enter the information r	equested for the fo	ollowing:				
<ul> <li>Each promoter of</li> </ul>	the issuer, if the is	ssuer has been organized w	ithin the past five years;			
<ul> <li>Each beneficial ov</li> </ul>	vner having the po	wer to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a clas	s of equity securities of the issuer.
<ul> <li>Each executive of</li> </ul>	ficer and director	of corporate issuers and of	corporate general and mar	naging partners of	`partne	rship issuers; and
• Each general and	managing partner	of partnership issuers.				
Check Box(es) that Apply:	KK Promoter	XX Beneficial Owner	XX Executive Officer	XX Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Melcher, Ja						
Business or Residence Addr 1185 Avenue		Street, City, State, Zip Co Americas, 32		, NY 100	36	
Check Box(es) that Apply:	XX Promoter	XX Beneficial Owner	Executive Officer	XX Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Briere, Dan		_				
Business or Residence Addr	,	• • • • •	•			
803 Warrenv	ille Roa	d, Mansfield	Center, CT	06250		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip Co	ode)	<del></del>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)	<del></del>				
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip Co	ode)			
	(Use bl	ank sheet, or copy and use	additional copies of this s	heet, as necessary	·)	

					B. U	NFORMAT:	ON ABOU	T OFFERU	NG				
1.	Has the	issuer sold	, or does th	ne issuer in	itend to se	ll, to non-a	ccredited in	nvestors in	this offeri	ng?		Yes	No XIX
			•			Appendix,				_			2 NZN
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ıny individ	ual?	••••••			\$	<del></del>
3.	Dogg th	a offaring s	permit joint	. aumarahi	n of a ain a	lo vinit?						Yes	No
3. 4.			ion request		•							ХХ	
	commis If a pers or states	sion or simi on to be lis , list the na	ilar remune ted is an ass me of the b you may se	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
		ast name	first, if indi	vidual)									
	None	Residence	Address (N	umber and	Street Ci	ity State 7	in Code)	<del></del> -		<del></del> -			
. 1540	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11031401100	. 144.033 (11	amoor wie	ou cou, co	ity, Blate, E	np code)						
Nar	ne of Ass	ociated Br	oker or Dea	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<del></del> .	<del></del>				
	(Check	"All States	" or check	individual	States)		.,					☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	ne of Ass	ociated Br	oker or De	aler			<del></del>			<del></del> -			
Stat	tag in M/h	ich Doroca	Listed Has	Caliaitad	on Intende	ta Caliait	Durchosses						-·
Stat	-		" or check									□ Al	1 States
	,												[ <del></del> ]
	AL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	MS MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	$\overline{VT}$	VA	WA	WV	WI	WY	PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nar	ne of Acc	ociated De	oker or Da	aler		<del> </del>							
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)								_		1.64.4			
	(Check	"All States	or check	individual	States)				•••••	••••	······································	∐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	, ,	Aggregate Offering Price	Amount Already Sold
	Debt\$	_	
	Equity		
	XX Common ☐ Preferred	1,2/1,	<u> </u>
	Convertible Securities (including warrants)\$		¢
	Partnership Interests		
	Other (Specify)\$		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		_ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		
	Regulation A	-	
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] <b>\$</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$ <u>12,500</u>
	Accounting Fees	······ 5	\$ 7,500
	Engineering Fees	-	\$
	Sales Commissions (specify finders' fees separately)	F	] \$
	Other Expenses (identify)	[	\$
	Total	_	s <u>20,000</u>

100000	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C —			
	proceeds to the issuer."			<u>s1,254,000</u>
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gros	d	
			Payments to	
			Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗆 \$	図\$ <u>651,000</u>
	Purchase of real estate		. 🗆 \$	
	Purchase, rental or leasing and installation of mac and equipment	hinery	. 🗆 \$	⊠\$ 78,000
	Construction or leasing of plant buildings and fac		_	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	<b>□\$</b>	<b>\</b>
	Repayment of indebtedness			
	Working capital		. 🗆 \$	<b>№</b> \$293,000
	Other (specify): supplies, data h telephone, shipping	osting, travel, interest	\$	⊠\$ 40,000
			. 🗆 \$	s
	Column Totals		. § 212,00	0区\$1,040,0
	Total Payments Listed (column totals added)		<u> </u>	<u>,254,0</u> 00
		D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writte	
	er (Print or Type) ia & Marketing Solutions,	Signature T. Muller	Date August	16, 2004
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	James L. Melcher	Chairman of the Board		

# - ATTENTION ---

		E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?		Yes	No XX							
	See A	Appendix, Column 5, for state response.									
2.	•	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	er has read this notification and knows the content horized person.	nts to be true and has duly caused this notice to be signed on its behal	f by the	undersigned							
Issuer (	Print or Type)	Signature/ Date / /									
Media	& Marketing Solutions,	inc. J. W. Mulek 8/16/0	4								
Name (I	Print or Type)	Title Print or Type)									
Jan	nes L. Melcher	Chairman of the Board									

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE and aggregate offering price Intend to sell (if yes, attach Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors State Yes No Investors Amount Yes No Amount ALΑK AZAR X 625,000 0 Equity 625,000 4 CACO CTDE DC FL GA Н ID ILIN IΑ KS KY LA ME MD MA MI MN MS

Intend to sell and aggregate to non-accredited offering price Type of investor and under State ULO  Type of security under State ULO  (if yes, attach explanation of		_			APP	ENDIX					
State   Yes   No	1	Intend to non-a investor	. I to sell ccredited s in State	Type of security and aggregate offering price offered in state		amount pur	investor and chased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
MT NE NE NV NH NH NJ NM NY X Equity 5 497,000 0 1 1 77,000 0 1 1 77,000 0 1 1 77,000 0 1 1 77,000 0 1 1 77,000 0 1 1 77,000 0 1 1 77,000 0 1 1 77,000 0 1 1 1 77,000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No	
NE	МО										
NV	МТ										
NH NJ NM	NE										
NI	NV										
NM	NH										
NY         X         Equity 497,000         5         497,000         0           NC         ND         0	NJ										
NY	NM										
NC       ND         ND       OH         OH       OK         OR       OR         PA       OR         RI       SC         SD       TN         TX       X       Equity 1 25,000 0         UT       VT         VA       X       Equity 1 77,000 0         WA       WA       TO,000 0	NY		X	Equity 497.000	5	497,000	0				
OH OK OK OR	NC										
OK OR	ND										
OR PA  RI  SC  SD  TN  TX  X  Equity 1 25,000 0 UT  VT  VA  X  Equity 1 77,000 0 WA  WV	ОН										
PA RI SC SD TN TX X Equity 1 25,000 0 UT VT VA X Equity 1 77,000 0 WA WV	OK										
RI SC SD	OR										
SC   SD   SD   TN   TX   X   Equity   1   25,000   0     UT     UT     UT     UT     UT     UT     UT     UT     UT     UT   UT     UT	PA	_									
SD TN Z Equity 1 25,000 0 UT VT Z Equity 1 77,000 0 WA WV	RI										
TN	SC										
TX	SD										
UT	TN										
VT	TX		Х	Equity	1	25,000	0				
VA X Equity 1 77,000 0 WA WV	UT			23,000							
WA 77,000 WV	VT										
WA WV	VA		Х	Equity 77 000	1	77,000	0				
	WA			1-1 4 000							
WI	wv										
	WI										

APPENDIX										
1	Intend to non-a investor	1 to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 finvestor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted) -Item 1)	
State WY	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
PR	i									